

Date Received \_\_\_\_\_ Application Number \_\_\_\_\_

**SULLIVAN COUNTY HOUSING AUTHORITY  
HOUSING CHOICE VOUCHER PROGRAM PRE-APPLICATION WAITING LIST FORM**

**1. HEAD OF HOUSEHOLD INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Alternate Telephone number \_\_\_\_\_

**2. INFORMATION ABOUT SPOUSE OR PARTNER**

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**3. HOW MANY PEOPLE WILL LIVE IN THE UNIT? Please include yourself.** \_\_\_\_\_

**ADULTS** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ **CHILDREN** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**4. Are you or do you have a household member who is a veteran of the U.S. Military?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
If answered "Yes," please attach proof to this application (DD-214)

**5. If you are permanently physically/mentally disabled, please attach PHYSICIAN-SIGNED statement on doctor letterhead or SSD statement (SSI award is not acceptable for this preference)**

**6. FOR HUD STATISTICAL PURPOSES ONLY**

Please identify your race and ethnicity by checking one box in each of the two categories below:

**Check One:**

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander

**Check One:**

- Hispanic or Latino
- Not-Hispanic or Latino

**7. MONTHLY SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY AND IDENTIFY AMOUNT:**

- Wages \_\_\_\_\_
- Social Security \_\_\_\_\_
- SSI \_\_\_\_\_
- TANF/Welfare \_\_\_\_\_
- Other (VA/Child Support/etc.) \_\_\_\_\_

**8. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.**

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the housing choice voucher program.

Date \_\_\_\_\_ Signature of Head of Household \_\_\_\_\_

**9. Return this completed and signed application and the signed Federal Privacy Act Statement to:**



**Sullivan County Housing Authority  
Courthouse, P. O. Box 157  
Laporte, PA 18626-0157  
Telephone number 570-946-7677**

**Federal Privacy Act Statement  
(Return with Application)**

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the Sullivan County Housing Authority at application or reexamination. HUD will collect the information on Form HUD-50058. The data it will collect includes name, sex, date of birth, Social Security Number (SSN), income (by source), assets, certain deductible expenses and rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State and local agencies when it will be used in civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicants and residents to give the Authority the SSN(s) of household members who are at least six (6) years old. If you are an applicant and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et.seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 – stat., 343, 408 require applicants and residents to provide the other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Authority this information, the Authority may have to evict you or withdraw your housing assistance.

**I read the Federal Privacy Act Statement on \_\_\_\_\_ (Date)**

**Signature of Head of Household or Spouse \_\_\_\_\_**